



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

KEVIN J HORN  
7401 S. MAIN STREET  
HOUSTON, TX 77030

#### **Carrier's Austin Representative Box**

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#### **Respondent Name**

New Hampshire Insurance Co

#### **MFDR Date Received**

May 14, 2012

#### **MFDR Tracking Number**

M4-12-2902-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary Dated:** "Denied as inclusive however 29822 was for separate..."

**Amount in Dispute:** \$1,161.65

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** The carrier acknowledged receipt of Notice of Medical Fee Dispute however, no written position statement was submitted.

**Response required from:** Risk Enterprise Management Limited New Hampshire Insurance Co P.O. Box 742288, Dallas, TX 75374

### **SUMMARY OF FINDINGS**

Disputed Dates	Disputed Services	Amount In Dispute	Amount Due
October 4, 2011	29822-59	\$1161.65	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. Former 28 Texas Administrative Code, §133.307, 33 *Texas Register* 3954, sets out the procedures for resolving medical fee disputes filed prior to June 1, 2012
2. 28 Texas Administrative Code §133.203 sets out medical bill submission requirements for health care providers
3. The services in dispute were reduced/denied by the respondent with the following reason codes:  
Explanation of Benefits dated November 22, 2011
  - R97 Distinct Procedural Service, Charge Included in another Charge or Service, Left Side, CC Standards of Medical/Surgical Practice.

Explanation of Benefits dated February 16, 2012

- Original payment decision maintained. Distinct Procedural Service, Charge included in another charge or service. Left Side

### **Issues**

1. Did the submitted medical bill support the use of the -59 modifier?
2. Is the service in dispute separately payable?
3. Is the requestor entitled to additional reimbursement?

### **Findings**

1. 28 Texas Administrative Code §134.20(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...” The medical bill for the service in dispute included the -59 modifier. The 59 modifier is described in AMA CPT is used to identify procedures/services that are not normally reported together, and that are not ordinarily encountered or performed on the same day by the same physician. According to Medicare Learning Network Matters Number, SE0715, the 59 modifier must be supported by documentation that indicates a different session, different surgery, different anatomical site or organ system, separate incision/excision, different agent, different lesion, or different injury or area of injury. Review of the document titled “Operation Report” finds that the requestor does not support that the service in dispute represents a separate service at a different area of injury. The Division concludes that the requestor did not support the use of the -59 modifier.
2. The service in dispute was denied, in part, due to “Distinct Procedural Service, Charge included in another charge or service.” 28 TAC §134.203(b)(1) states, in pertinent part, “for coding, billing, reporting and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits...” Medicare’s CCI edits indicate whether a service billed is considered a component procedure of another service provider on the same day. CCI edits may be found at <http://www.cms.gov>. The requestor billed 29822-59. The requestor did not support the use of the 59 modifier; consequently code 29822 is considered for possible CCI edits. Review of the CCI public files, along with the medical bill provided by the parties finds that Procedure 29822 is a component procedure of another service (29826) billed on the same day. For that reason, 29822 is not separately payable.
3. The service in dispute is not separately payable. No reimbursement can be recommended.

### **Conclusion**

For the reason stated above, the Division finds that the requestor has not established that additional reimbursement is due.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that reimbursement is not recommended.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

February 5, 2013

\_\_\_\_\_  
Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**